



DOMICILE STATEMENT

For Department Use Only

For the taxable year ending _____

Unless otherwise indicated, the questions pertain to the the year specified above.

Your Name		Social Security Number	
Spouse / CU Partner Name		Spouse / CU Partner Social Security Number	
VERMONT Address		Other Address	
City, State, ZIP Code		City, State, ZIP Code	

1. Have you ever resided in Vermont with the intention of making it your home?

- ☐ Yes When did you take up residency in Vermont? _____
- ☐ No Please explain your connections with the State of Vermont. _____
- _____
- _____

2. If you once resided in Vermont, did you leave not intending to return and did you take up residence in another state with the intention of making that state your home?

- ☐ Never resided in Vermont. Go to Question 3.
- ☐ No. Go to Question 3.
- ☐ Yes. **2a.** Date you moved from Vermont _____
- 2b.** Address to which you moved _____
- 2c.** Date on which you took up residence in the new state _____
- 2d.** What specific steps did you take to abandon your legal residence in Vermont? _____
- _____
- _____
- 2e.** What specific steps did you take to establish your new legal residence? _____
- _____
- _____

3. Did you reside in two or more homes during the year?

- ☐ No. Go to Question 4.
- ☐ Yes Please state the address and dates on which you were physically present in each location:
- | <u>Address</u> | <u>Periods (Dates)</u> | <u>Total number of days</u> |
|----------------|------------------------|-----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

4. Do you own or rent real property?

☐ No. Go to Question 5.

☐ Yes.

	<u>Physical Address</u>	<u>Own/Rent</u>	<u>Property Value (if owned)</u>	<u># of days spent here last year</u>
4a.	_____	_____	_____	_____
4b.	_____	_____	_____	_____
4c.	_____	_____	_____	_____

5. Where do members of your immediate family live (spouse or CU partner, children)? _____

6. If married or civil union, did the physical presence of your spouse/partner and family differ substantially from yours?

☐ Single ☐ No ☐ Yes. Please explain and attach a separate Domicile Statement for your spouse/CU partner.

7. Did you claim a homestead property tax exemption for any state?

☐ No. Go to Question 8.

☐ Yes. What state(s)? _____

8. Where are the items or possessions that you consider important to you located, e.g.: items of significant sentimental value, family heirlooms, collections of valuables, pets, or possessions that enhance the quality of your life?

<u>Item/Possession</u>	<u>Location</u>
_____	_____
_____	_____
_____	_____
_____	_____

9. In what State(s) did you or your Spouse/CU Partner perform services for compensation?

<u>State</u>	<u>Employer</u>	<u>Date of Employment</u>
Self:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Spouse or CU Partner:		
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Do you own any part of a business?

☐ No Go to Question 11.

☐ Yes. 10a. Where is the business located? _____

10b. What is your ownership percentage? _____

11. Where did your children attend school? List name and address of school(s). _____

12. What address did you use for mailing purposes? _____

13. What address did you use on your Federal tax return(s)? _____

14. Please list the State(s), if any, with which you filed income tax return(s) for the taxable year and enclose a copy of the return(s) _____

15. During the taxable year, did you have: State(s)

a. A House or Apartment	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
b. Vacation House	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
c. Driver's License	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
d. Automobile/Power Boat/Snow Machine Registration . .	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
e. Aircraft	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
f. Voting Registration	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
g. Bank Accounts	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
h. Resident Hunting and Fishing Licenses	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
i. Golf Club/Rod & Gun Club Membership(s)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
j. Location of Doctor and Medical Records	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
k. Civic, religious, or community clubs or activities	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____

[List Organization(s) AND State(s)] _____

16. Are you a member of the Armed Services? ☐ No. Skip Question 17 and go to Question 18.

☐ Yes. Go to Question 17.

17. Did you enter the service from Vermont? ☐ No ☐ Yes

18. You may use this space, or attach a separate page to explain your answers or to make any additional statements that could help us in arriving at a proper conclusion. _____



Under penalties of perjury, I declare that I have examined this document and accompanying statements, and to the best of my knowledge and belief, they are true, correct and complete.

Taxpayer's Signature

Date

Daytime Telephone Number

Spouse's Or CU Partner's Signature

Date

Daytime Telephone Number